

Document Page 1 of 23  
United States Bankruptcy Court  
District of New Jersey

IN RE:

Case No. \_\_\_\_\_

Israeli, Ron Samuel

Debtor(s)

Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: December 16, 2015

Signature: /s/ Ron Israeli  
Ron Israeli

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Joint Debtor, if any

Abbvie  
1 N Waukegan Rd  
North Chicago, IL 60064-1802

Accent Cigna  
7171 Mercy Rd  
Omaha, NE 68106-2620

Alere North America (c/o DAL Inc)  
PO Box 162  
Clifton Heights, PA 19018-0162

AMEX - Plum  
PO Box 981535  
El Paso, TX 79998-1535

AMEX - Starwood  
PO Box 981535  
El Paso, TX 79998-1535

AMEX Business Gold  
PO Box 981535  
El Paso, TX 79998-1535

AMEX Costco  
PO Box 981535  
El Paso, TX 79998-1535

AMEX Platinum  
PO Box 981535  
El Paso, TX 79998-1535

Bank of America Commercial Loan  
PO Box 45144  
Jacksonville, FL 32232-5144

Bank Of America Visa  
Business card  
PO Box 15796  
Wilmington, DE 19886-5796

Cap ONE VISA  
PO Box 71083  
Charlotte, NC 28272-1083

Cardinal Health (c/o Mitchell Malzberg,  
PO Box 5122  
Clinton, NJ 08809-0122

Ceconi & Cheifetz LLC  
25 Deforest Ave Ste 105  
Summit, NJ 07901-2140

Chase  
PO Box 15298  
Wilmington, DE 19850-5298

Citi AA MC  
PO Box 6062 Box 6062  
Sioux Falls, SD 57117-6062

Citi AMEX  
PO Box 6062 Box 6062  
Sioux Falls, SD 57117-6062

Clove Road Medical Arts  
1800 Clove Rd  
Staten Island, NY 10304-1600

Con Edison  
Cooper Station  
PO Box 138  
New York, NY 10276-0138

Discover  
PO Box 30943  
Salt Lake City, UT 84130-0943

eClinical Works  
2 Technology Dr  
Westborough, MA 01581-1727

Emdeon  
3055 Lebanon Pike Ste 1000  
Nashville, TN 37214-2239

Executive Cleaining Services LLC  
460 New York Ave  
Huntington, NY 11743-3432

First Insurance Funding  
450 Skokie Blvd Ste 1000  
Northbrook, IL 60062-7917

GE Capital  
20225 Water Tower Blvd  
Brookfield, WI 53045-3597

Green Energy Solutions, LLC  
19 Badger Dr  
Livingston, NJ 07039-4601

Haber, Simpson, and Silver  
123 Columbia Tpke Ste 103A  
Florham Park, NJ 07932-2117

Hudson City Savings  
80 W Century Rd  
Paramus, NJ 07652-1405

Internal Revenue Service  
ACS Support  
PO Box 8208  
Philadelphia, PA 19101-8208

Internal Revenue Service  
Technical Support/Insolvency  
PO Box 724  
Springfield, NJ 07081

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Manzelli Consulting Inc  
789 6th Ave  
River Edge, NJ 07661-1517

McKesson Medical Supply  
PO Box 634404  
Cincinnati, OH 45263-4404

National Grid  
Customer Correspondence  
1 Metrotech Ctr Fl 16  
Brooklyn, NY 11201-3949

NJ Division of Taxation  
Bankruptcy Section  
PO Box 245  
Trenton, NJ 08695-0245

NYC Department of Finance  
PO Box 680  
Newark, NJ 07101-0680

NYS Unemployment Insurance  
PO Box 4305  
Binghamton, NY 13902-4305

Olympus America Inc  
PO Box 200194  
Pittsburgh, PA 15251-0194

Paypal MC  
PO Box 96080  
Orlando, FL 32896-0080

Pitney Bowes - Purchase Power  
PO Box 371874  
Pittsburgh, PA 15250-7874

Qualigen  
PO Box 225  
Santa Clara, CA 95052-0225

Security Concepts Systems Inc  
PO Box 302  
Plainview, NY 11803-0302

Smith & Doran PC  
60 Washington St  
Morristown, NJ 07960-6859

SRS Medical (c/o Millennium Collections C  
PO Box 6899  
Vero Beach, FL 32961-6899

Stericycle  
4010 Commercial Ave  
Northbrook, IL 60062-1829

Sterling National Bank  
Leasing Division  
PO Box 75364  
Chicago, IL 60675-5364

Stop & Stor-Hy  
97 Quintard St  
Staten Island, NY 10305-2540

United Healthcare  
Dept 19425  
PO Box 1259  
Oaks, PA 19456-1259

Urodynamic  
223 Wall St Ste 182  
Huntington, NY 11743-2060

Urotherapies Inc  
9010 Strada Stell Ct Ste 103  
Naples, FL 34109-4425



Verizon  
500 Technology Dr Ste 550  
Weldon Spring, MO 63304-2225

Verizon (c/o McCarthy Burgess & Wolff)  
26000 Cannon Rd  
Cleveland, OH 44146-1807

Wells Business BKG Support Group  
MAC D4004-03A  
PO Box 202902  
Dallas, TX 75320-2902

Wells Fargo VISA  
PO Box 5284  
Carol Stream, IL 60197-5284

Ziva Israeli  
3200 N Leisure World Blvd Apt 715  
Silver Spring, MD 20906-7619

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known)

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Ron

First name

Samuel

Middle name

Bring your picture identification to your meeting with the trustee.

Israeli

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0725

Debtor 1 Israeli, Ron Samuel

Case number (if known) \_\_\_\_\_

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**☒ I have not used any business name or EINs.☐ I have not used any business name or EINs.Include trade names and  
doing business as names

Business name(s) \_\_\_\_\_

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live****19 Carillon Cir  
Livingston, NJ 07039-2635**

Number, Street, City, State &amp; ZIP Code

**Essex**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy***Check one:*☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)*Check one:*☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Israeli, Ron Samuel

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** ☐ Chapter 7  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13
- Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.  
☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.  
☐ Yes.
- |                             |                           |
|-----------------------------|---------------------------|
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.
-

Debtor 1 **Israeli, Ron Samuel**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No. I am not filing under Chapter 11.☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 **Israeli, Ron Samuel**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone. If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone. If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Israeli, Ron Samuel**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."												
	<input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.												
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.												
	<input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.												
	16c. State the type of debts you owe that are not consumer debts or business debts												
<hr/>													
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?												
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No <input type="checkbox"/> Yes												
<hr/>													
18. How many Creditors do you estimate that you owe?	<table border="0"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 25,001-50,000</td> </tr> <tr> <td><input checked="" type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 5001-10,000</td> <td><input type="checkbox"/> 50,001-100,000</td> </tr> <tr> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000											
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000											
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000											
<input type="checkbox"/> 200-999													
<hr/>													
19. How much do you estimate your assets to be worth?	<table border="0"> <tr> <td><input checked="" type="checkbox"/> \$0 - \$50,000</td> <td><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>	<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion											
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion											
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion											
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											
<hr/>													
20. How much do you estimate your liabilities to be?	<table border="0"> <tr> <td><input type="checkbox"/> \$0 - \$50,000</td> <td><input checked="" type="checkbox"/> \$1,000,001 - \$10 million</td> <td><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td><input type="checkbox"/> \$100,001 - \$500,000</td> <td><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001 - \$1 million</td> <td><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>	<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion											
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion											
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion											
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											

**Part 7: Sign Below**

**For you** I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ron Israeli

**Ron Samuel Israeli**

Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Executed on **December 16, 2015**

MM / DD / YYYY

Executed on \_\_\_\_\_

MM / DD / YYYY

Debtor 1 Israeli, Ron Samuel

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Chad B. Friedman

Signature of Attorney for Debtor

Date

December 16, 2015

MM / DD / YYYY

Chad B. Friedman

Printed name

Ravin Greenberg Friedman, LLC

Firm name

101 Eisenhower Pkwy Fl 4Roseland, NJ 07068-1032

Number, Street, City, State &amp; ZIP Code

Contact phone (973) 226-1500

Email address

cfriedman@ravinggreenberg.comcf1215

Bar number &amp; State



Debtor 1	<b>Ron Samuel Israeli</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number _____			
(if known)			

Debtor 1 Israeli, Ron Samuel Case number (if known) \_\_\_\_\_

Contact phone \_\_\_\_\_ Unsecured claim \$ \$698,975.98

<b>3</b>	<b>Wells Business BKG Support Group</b> <b>MAC D4004-03A</b> <b>PO Box 202902</b> <b>Dallas, TX 75320-2902</b>	<b>What is the nature of the claim?</b> _____ <b>\$ <u>\$432,073.57</u></b>
		<b>As of the date you file, the claim is:</b> Check all that apply
		<input checked="" type="checkbox"/> Contingent
		<input checked="" type="checkbox"/> Unliquidated
		<input checked="" type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____

\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

<b>4</b>	<b>Wells Business BKG Support Group</b> <b>MAC D4004-03A</b> <b>PO Box 202902</b> <b>Dallas, TX 75320-2902</b>	<b>What is the nature of the claim?</b> _____ <b>\$ <u>\$300,047.18</u></b>
		<b>As of the date you file, the claim is:</b> Check all that apply
		<input checked="" type="checkbox"/> Contingent
		<input checked="" type="checkbox"/> Unliquidated
		<input checked="" type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____

\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

<b>5</b>	<b>Internal Revenue Service</b> <b>ACS Support</b> <b>PO Box 8208</b> <b>Philadelphia, PA 19101-8208</b>	<b>What is the nature of the claim?</b> _____ <b>\$ <u>\$280,406.91</u></b>
		<b>As of the date you file, the claim is:</b> Check all that apply
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input checked="" type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____

\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

<b>6</b>	<b>Bank of America Commercial Loan</b> <b>PO Box 45144</b> <b>Jacksonville, FL 32232-5144</b>	<b>What is the nature of the claim?</b> _____ <b>\$ <u>\$192,821.07</u></b>
		<b>As of the date you file, the claim is:</b> Check all that apply
		<input checked="" type="checkbox"/> Contingent
		<input checked="" type="checkbox"/> Unliquidated
		<input checked="" type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply

\_\_\_\_\_

Debtor 1 Israeli, Ron Samuel Case number (if known) \_\_\_\_\_

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**7**

**Sterling National Bank  
Leasing Division  
PO Box 75364  
Chicago, IL 60675-5364**

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$117,149.59**

**As of the date you file, the claim is:** Check all that apply

☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**8**

**Cardinal Health (c/o Mitchell  
Malzberg,  
PO Box 5122  
Clinton, NJ 08809-0122**

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$93,589.73**

**As of the date you file, the claim is:** Check all that apply

☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**9**

**Chase  
PO Box 15298  
Wilmington, DE 19850-5298**

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$41,522.16**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**10**

**Green Energy Solutions, LLC  
19 Badger Dr  
Livingston, NJ 07039-4601**

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$25,000.00**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

Debtor 1 Israeli, Ron Samuel Case number (if known) \_\_\_\_\_

- ☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**11**

**Citi AMEX**  
**PO Box 6062 Box 6062**  
**Sioux Falls, SD 57117-6062**

\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$23,559.92**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**12**

**AMEX Costco**  
**PO Box 981535**  
**El Paso, TX 79998-1535**

\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$20,823.85**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**13**

**Ceconi & Cheifetz LLC**  
**25 Deforest Ave Ste 105**  
**Summit, NJ 07901-2140**

\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ **\$ \$20,157.36**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Debtor 1 Israeli, Ron Samuel Case number (if known) \_\_\_\_\_

<b>14</b>	<b>SRS Medical (c/o Millennium Collections C PO Box 6899 Vero Beach, FL 32961-6899</b>	<b>What is the nature of the claim?</b> _____ <b>\$ \$16,975.55</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply		
<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____		
_____ Contact _____ Contact phone		

<b>15</b>	<b>Abbvie 1 N Waukegan Rd North Chicago, IL 60064-1802</b>	<b>What is the nature of the claim?</b> _____ <b>\$ \$13,140.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply		
<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____		
_____ Contact _____ Contact phone		

<b>16</b>	<b>Wells Fargo VISA PO Box 5284 Carol Stream, IL 60197-5284</b>	<b>What is the nature of the claim?</b> _____ <b>\$ \$12,521.53</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____		
_____ Contact _____ Contact phone		

<b>17</b>	<b>First Insurance Funding 450 Skokie Blvd Ste 1000 Northbrook, IL 60062-7917</b>	<b>What is the nature of the claim?</b> _____ <b>\$ \$11,138.40</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply		
<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No		
_____ Contact _____ Contact phone		

Debtor 1 Israeli, Ron Samuel Case number (if known) \_\_\_\_\_

Contact ☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Contact phone \_\_\_\_\_ Unsecured claim \$ \_\_\_\_\_

**18** What is the nature of the claim? \$ **\$9,109.82**

**Citi AA MC**  
**PO Box 6062 Box 6062**  
**Sioux Falls, SD 57117-6062**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**19** What is the nature of the claim? \$ **\$8,758.55**

**NYC Department of Finance**  
**PO Box 680**  
**Newark, NJ 07101-0680**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**20** What is the nature of the claim? \$ **\$8,677.91**

**AMEX Platinum**  
**PO Box 981535**  
**El Paso, TX 79998-1535**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Ron Israeli  
**Ron Samuel Israeli**

X \_\_\_\_\_  
Signature of Debtor 2

Debtor 1 Israeli, Ron Samuel Case number (if known) \_\_\_\_\_

Signature of Debtor 1 \_\_\_\_\_

Date December 16, 2015 Date \_\_\_\_\_